

USE INSTALLATION LETTERHEAD

FROM: AAAA-BB

Date

SUBJECT: Request for Assistance

TO: DoD Servicing Liaison

1. The action designated below is requested for:

(Case Number)

(Claimant's Name)

(Date of Injury)

_____ Provide a copy of the most recent medical report in the case file.

_____ Provide a copy of the CA-1/2 for ownership verification.

_____ Provide current case status; specifically:

2. Your assistance is appreciated. If you have any questions, please call me at (614) 522-0001.

MELVIN A. BROWN
Injury Compensation Program
Administrator